



*John J. Oskorep*

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/763,658	
	Filing Date	23 January 2004	
	First Named Inventor	Kazar et al.	
	Art Unit	2821	
	Examiner Name	Lee, Wilson	
Total Number of Pages in This Submission	3	Attorney Docket Number	0901-0017

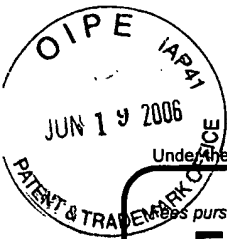
ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John J. Oskorep, Esq.
Signature	<i>John J. Oskorep</i>
Date	16 June 2006

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	John J. Oskorep, Esq.
Signature	<i>John J. Oskorep</i>
Date	16 June 2006

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PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

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Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
175.00**Complete if Known**

Application Number 10/763,658

Filing Date 23 January 2004

First Named Inventor Kazar et al.

Examiner Name Lee, Wilson

Art Unit 2821

Attorney Docket No. 0901-0017

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☐ Charge any additional fee(s) or underpayments of fee(s)  
under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Fee (\$)****Small Entity Fee (\$)**

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

**Total Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)****3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets****Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

- 100 = \_\_\_\_\_

/ 50 = \_\_\_\_\_

(round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): Late claim fees/Returned check fee

175.00

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent) 41,234

Telephone 312-222-1860

Name (Print/Type) John J. Oskorep, Esq.

Date 16 June 2006

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June 12, 2006

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Re: 10/763658

The purpose of this communication is to inform you that check number 1011, dated May 11, 2006 in the amount of \$ 125.00 has been returned by the bank as unpaid.

The practice of the Office is to treat such returned checks as though the fee for which they were intended was never received. Therefore, you are required to submit the following fee(s):

<u>  X  </u>	\$125.00 claim fees
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A SHORTENED STATUTORY PERIOD FOR RESPONSE TO THE REQUIREMENTS OF THIS NOTICE IS SET TO EXPIRE **TWO MONTHS** FROM THE DATE OF THIS NOTICE.

FAILURE TO RESPOND WITHIN THIS PERIOD WILL RESULT IN ABANDONMENT OF THE APPLICATION.

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Further correspondence with respect to this matter should include a copy of this notice and be addressed to the following:

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Cynthia Streater  
Office of Initial Patent Examination

06/20/2006 BABRAHA1 00000020 10763658

01 FC:9101  
02 FC:2202

50.00 OP  
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